STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001136	A. BUILDING: _____ B. WING _____	C 09/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE PARK RESIDENTIAL CARE INC	2075 RIPLEY ST LAKE STATION, IN 46405

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00182780. Complaint IN00182780 - Substantiated. No deficiencies related to the allegations are cited. Survey date: September 24, 2015 Facility number: 001136 Provider number: 001136 AIM number: N/A Census payor type: Medicaid: 118 Other: 6 Total: 124 Sample: 3 Lake Park Residential Care Inc. was found to be in compliance with 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00182780. QR was completed by 99993 on 09/25/15.	R 000		